



TRAINING INSTITUTES

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System of Care Concept and Philosophy Updated

DEFINITION

A system of care is:

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

CORE VALUES

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

GUIDING PRINCIPLES

Systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and services should be sensitive and responsive to these differences.

Working Definition of Family-Driven Care

January 2008

DEFINITION OF FAMILY-DRIVEN CARE

Family driven means that families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

GUIDING PRINCIPLES OF FAMILY-DRIVEN CARE

1. Families and youth, providers, and administrators embrace the concept of sharing decision making and responsibility for outcomes.
2. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.
3. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.
6. Providers take the initiative to change policy and practice from provider driven to family driven.
7. Administrators allocate staff, training, support, and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families, and where family and youth-run organizations are funded and sustained.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.
10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.

Definition of Youth-Guided Care

Youth Guided means that young people have the right to be **empowered** and **educated** and are given a decision-making role in the care of their own lives as well as in the policies and procedures governing care for all youth in the community, state and nation. This includes listening to young people and giving them a sustainable **voice**. The focus should be on creating a safe environment enables a young person to gain self **sustainability** in accordance with their cultures and beliefs. Further, through the eyes of a youth-guided approach, there is a continuum of **power** that should be given to young people based on their understanding and maturity in a **strengths-based change** process. Youth guided also means that this process should be **fun** and **worthwhile**.

TABLE 5: MOVING FROM YOUTH-GUIDED TO YOUTH-DRIVEN

| YOUTH GUIDED | |
|-------------------|---|
| Individual | <ul style="list-style-type: none"> Youth are empowered in their treatment planning process from the beginning and have a voice in decision-making Youth receive training Equal partnership is valued |
| Community | <ul style="list-style-type: none"> Community partners and stakeholders are open and willing to partner with youth and have created safe spaces for young people |
| Policy | <ul style="list-style-type: none"> Youth are invited to meetings and training and support is provided Youth can speak on their experiences Adults value what youth have to say in an advisory capacity |
| YOUTH DIRECTED | |
| Individual | <p>The young person is:</p> <ul style="list-style-type: none"> Telling his or her story Building relationships with people who support them and making decisions in their care Developing a deeper knowledge and understanding of the system Not in a consistent period of crisis and basic needs are met |
| Community | <ul style="list-style-type: none"> Youth have positions and voting power on community boards More youth are involved and are recruiting other youth Community members respect the autonomy of youth voice and spread the word on the importance of youth voice |
| Policy | <ul style="list-style-type: none"> Youth understand policy process and have experience being involved and training Youth understand policy issues and speak their opinions Youth opinions are heard and action is taken There is increased of youth and a decrease in tokenism |
| YOUTH DRIVEN | |
| Individual | <ul style="list-style-type: none"> Youth sets vision and goals for treatment with input from team Youth is aware of options and is able to utilize and apply knowledge of resources Youth is able to stand on own and take responsibility for choices Youth are mentors and peer advocates for other youth Youth give presentations based on personal experiences and knowledge The youth is making the transition into adulthood |
| Community | <ul style="list-style-type: none"> Community partners listen to youth and make changes accordingly Young people have a safe place to go and be heard Multiple paid positions for youth in every decision-making group Youth form and facilitate youth groups in communities Youth provide training in the community |
| Policy | <ul style="list-style-type: none"> Youth are calling meetings and setting agendas in policy making Youth hold trainings on policy making for youth and adults Youth inform public about policy and have a position platform Youth lead research to drive policy change |

Walden